

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Liberty Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00508598		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on					
		M M / D D / Y Y Y Y Y Y 11 / 30 / 2012			
Full Name (Last, First, Middle Initial) of Payee Grassroots Action, Inc			Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012		
Mailing Address 90 Main Street			Amount 1571.76		
City Maxwell State IA Zip Code 50161		Transaction ID : SE.4183			
Purpose of Expenditure e-mail delivery		Category/ Type		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
100628.78			1571.76		
Full Name (Last, First, Middle Initial) of Payee Liberty Counsel			Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012		
Mailing Address P.O. Box 540774			Amount 5629.89		
City Orlando State FL Zip Code 32854		Transaction ID : SE.4184			
Purpose of Expenditure e-mail list rental		Category/ Type		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
106258.67			5629.89		
(a) SUBTOTAL of Itemized Independent Expenditures.....			7201.65		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. Deryl Madison Edwards		[Electronically Filed]		Date	
Signature				M M / D D / Y Y Y Y Y Y 11 / 30 / 2012	

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NAME OF COMMITTEE (In Full) Liberty Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00508598		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			MM / DD / YYYY 11 / 30 / 2012		
Full Name (Last, First, Middle Initial) of Payee Liberty Counsel Action			Date MM / DD / YYYY 11 / 05 / 2012		
Mailing Address P.O. Box 540629			Amount 242.07		
City Orlando		State FL	Zip Code 32854		
Purpose of Expenditure e-mail list rental		Category/ Type	Transaction ID : SE.4185		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____		
Calendar Year-To-Date Per Election for Office Sought			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
106500.74			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee			Date MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			242.07		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....			7443.72		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Mr. Deryl Madison Edwards</i>			Date MM / DD / YYYY 11 / 30 / 2012		
[Electronically Filed]					